

Psychology Postdoctoral Fellowship Program



VA Long Beach Healthcare System

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Applications due: Monday, December 28, 2015.

Accreditation Status

The Psychology Postdoctoral Fellowship at the **VA Long Beach Healthcare System (VALBHCS)** was awarded accreditation in November, 2012. Our Clinical Psychology Fellowship Program will offer training in seven Special Emphasis areas for the 2016-2017 year: 1) Advanced Mental Health Interprofessional Education Program (two positions), 2) Liver Disease and Human Immunodeficiency (HIV), 3) Neuropsychology (two-year position), 4) Post Traumatic Stress Disorder (PTSD), 5) Psychosocial Recovery (PSR) for Severe Mental Illness, 6) Rehabilitation Psychology (two-year position), and 7) Women's Mental Health Center. Questions regarding the program's accredited status can be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002-4242
(202) 336-5979 e-mail: apaaccred@apa.org
Internet url: www.apa.org/ed/accreditation

Application and Selection Procedures

All applicants to the Psychology Postdoctoral Fellowship Program at VA Long Beach Healthcare System must have a doctoral degree in Clinical or Counseling Psychology from an American Psychological Association (APA) accredited program and must have completed an APA accredited Psychology Pre-doctoral Internship. Additionally, certification of U. S. citizenship and drug screening are required for all VA Postdoctoral Fellows. Also, the federal government requires that male applicants to VA positions born after 1959 sign a Pre-Appointment Certification Statement for Selective Service Registration before they are employed. It is not necessary to submit this form with the application, but if you are selected for this fellowship and fit the above criteria, you will have to sign it. All Fellows will have to complete a Certification of Citizenship in the U. S. prior to beginning the fellowship. Applications from non-citizens will not be considered. The VA conducts drug screening exams on randomly selected trainees as well as employees. Fellows are not required to be tested prior to beginning work, but once on staff they also are subject to random selection for testing. Our training programs are committed to creating a supportive learning environment for individuals of diverse backgrounds, and as a federal agency, we abide by the U.S. Government Equal Employment Opportunity (EEO) and Reasonable Accommodation policies. The Psychology Postdoctoral Fellowship Program follows a policy of selecting the most qualified candidates and is an Equal Opportunity Employer. Our commitment to diversity includes attempting to ensure an appropriate representation of individuals along many dimensions, including (but not limited to) gender, sexual orientation, age, ethnic/racial minorities, and persons with disabilities. Interviews will be offered on site at VA Long Beach VA or via telephone or Vi-Tel for highly qualified candidates. Interviews will take place at the end of January and

throughout February 2016. Selection for most positions will be Monday, March 7, 2016 but we reserve the right to make an early reciprocal offer for a top candidate if contacted with evidence of a competing offer. Please note that our Neuropsychology position recruitment will not be participating in the March 7, 2016 match date as is customary in that field. Instead, interviews for that position will be offered on Wednesday, January 20, 2016 as well as Wednesday, January 27, 2016, with selection of a candidate shortly thereafter. The anticipated start date for all positions is Tuesday, September 6, 2016.

To apply to one or more of our programs, please submit materials by going to the Association of Psychology Postdoctoral and Internship Centers (APPIC) Psychology Postdoctoral Application (APPA) portal, which is located at: <https://appicpostdoc.liaisoncas.com/applicant-ux/#/login>

If you have any questions, please do not hesitate to contact us at:

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The following application requirements must be included in the APPA CAS portal:

1. A cover letter that describes your personal training goals and how our training program may help you achieve your professional goals. In your letter, please describe your previous educational, research, and clinical experience relevant to the Special Emphasis area or areas to which you are applying; your assessment of your training needs in each Special Emphasis area; specific clinical settings and experiences at VA Long Beach Healthcare System that you want to pursue during your fellowship year; and your general career aspirations.
2. A copy of your curriculum vitae.
3. One clinical work sample, such as a treatment summary or an assessment report, or other work sample, such as published manuscript on which you are first author or other written product that highlights work relevant to the Special Emphasis area. If using a clinical sample, please make sure to de-identify according to HIPPA standards.
4. Three letters of recommendation from faculty members or clinical supervisors who are familiar with your clinical work as well as your research. Please note that “letters of recommendations” are referred to as “Evaluations” with the APPA CAS portal.
5. A letter from your dissertation chair regarding dissertation status and anticipated completion date. If your dissertation chair is writing one of your letters of recommendation, this information can be included in the letter.

Psychology Setting History

The first cohort of Psychology Postdoctoral Fellows began in September 2008. Our program received accreditation in fall of 2012 and our next site visit will be in 2019. At this point we have had seven cohorts complete Psychology Postdoctoral Fellowship Programs in a variety of Special Emphasis areas. We are currently training our 8th cohort and will welcome our 9th class in the Fall of 2016. The VALBHCS is part of a national network of medical centers and clinics operated by the Department of Veterans Affairs, with the mission of providing comprehensive health care to men and women who have served in the Armed Forces. The VALBHCS is responding to many sweeping national changes in the presentation of syndromes suffered by our returning Veterans. Our training program will continuously refine our assessment and intervention techniques to address the needs of our many returning Veterans

of Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) and Operation New Dawn (OND), while at the same time attending to the needs of our aging Veterans.

The VALBHCS is a major teaching facility affiliated with the University of California Irvine (UCI) School of Medicine, which has training programs for medical residents in Medicine, Surgery, Rehabilitative Medicine, Psychiatry, as well as several specialties. At our facility, training is also provided in several allied health disciplines other than Psychology, including Pharmacy, Social Work, Nursing, Psychiatry, Neurology, Radiology, Pathology, Speech Pathology, and Rehabilitation therapies. Along with our training and research missions, we provide a full range of patient care services with state-of-the-art technology and comprehensive care. Our healthcare system is a combined neuropsychiatric and general medical and surgical facility, with the centralized inpatient facility in Long Beach supported by outpatient clinics in Anaheim, Whittier/Santa Fe Springs, West Long Beach (Villages at Cabrillo), Santa Ana, and Laguna Hills. Whereas our Medical Center now operates fewer inpatient beds than in past years, our number of outpatient encounters is markedly increasing. In Fiscal Year 2013, our medical center had 356 operating beds with an average daily census of 234 and a total of 10,310 in-patients treated. There were a total of 601,149 total outpatient visits at our medical center, and the five surrounding community-based outpatient clinics accounted for another 58,149 visits for a total of 659,380 total visits for the entire VA Long Beach Healthcare System.

Psychology operates in a collegial fashion with other disciplines, and practicum students, interns and Postdoctoral Fellows all obtain much of their training and clinical experience in the context of multidisciplinary teamwork. The majority of supervisors of the Psychology Internship and Postdoctoral Programs are members of the Mental Health Care Group, under the direction of Lawrence Albers, MD. Our Chief Psychologist is Jeffrey Webster, Ph.D. All staff psychologists are members of the Medical Staff, so every newly hired psychologist is required to be licensed in order to be credentialed and privileged by the Chief of Staff. In addition to the Medical, Surgical, and Mental Health Care programs, VALBHCS has a variety of specialized regional programs, including a national Spinal Cord Injury (SCI) Center, a Mental Health Intensive Case Management Program (MHICM), a Blind Rehabilitation Center (BRC), and one of the first funded Mental Illness Research, Education, and Clinical Centers (MIRECC) as a consortium with the West Los Angeles VA and San Diego VA. The VALBHCS also houses one of the VA's national education centers – Employee Education Services (EES).

Established in 1947, the Psychology Training Program has always been considered a significant component of Mental Health services in the VALBHCS. Since 1980, we have trained 268 doctoral interns (218 Ph.D. Clinical, 38 Ph.D. Counseling, and 12 Psy.D's) representing 84 graduate programs from around the country. The Psychology Internship Program was initially granted full accreditation by APA in February 1980 and is accredited through 2019. We also have a long history of training practicum students, who are usually from local universities, and have been outstanding clinicians who have gone on to excellent internship sites. Due to growth in various areas including rehabilitation and primary care, we now have over 30 psychologists on our staff and expect to bring on board an additional 15.

Training Model and Program Philosophy

The Psychology Department at the VALBHCS is committed to competency-based training and close supervision in a highly collegial setting. We endorse the Scientist-Practitioner Model of Psychology, and the postdoctoral training experience is organized accordingly. We are guided both by the original Boulder Model (Raimy, 1950) and by the update of the Scientist-Practitioner Model as articulated at the 1991 Gainesville conference (Belar & Perry, 1992). The mission of the VALBHCS Psychology Postdoctoral Fellow Training Program is to train psychologists who meet general advanced practice competencies in psychology and can function effectively as professional psychologists in a broad range of multidisciplinary and interdisciplinary settings. Prior to beginning their postdoctoral experience, Fellows are expected to have a solid grounding in generalist psychology training. The primary goal of the Psychology Postdoctoral Fellow Program is for our Fellows to develop the full range of skills required for independent functioning as a psychologist in the arenas of clinical assessment and intervention, consultation, supervision and teaching, scholarly inquiry and research, and awareness of and sensitivity to professional, ethical, legal and diversity issues. We have a commitment to the enhancement of diversity within our training programs and our Multicultural and Diversity in Psychology Training Committee's vision statement is, "To serve as a resource for multiculturally competent Veteran-centered care within psychology service, to VALBHCS, and to the local

community. Our committee mission statement is, "To promote multicultural competence in various dimensions of human diversity at the individual, service, team, and organizational levels through education and training, consultation, research, and outreach activities." Postdoctoral Psychology staff and Fellows are consistently represented on this committee.

A second major goal of our Psychology Postdoctoral Fellowship Program is to prepare fellows to practice in one of the current high-priority areas of mental health care for Veterans, as illustrated by our Special Emphasis areas. Through professional activities in these areas, Fellows receive training that facilitates their development of the core general advanced practice competencies. In addition, Fellows develop a depth of knowledge and advanced skills in working with specific populations and treatment settings (i.e., older adult Veterans, Veterans with Traumatic Brain Injury, seriously mentally ill Veterans, Veterans with physical and sensory disabilities, and those living with Posttraumatic Stress Disorder or those living with liver disease and/or HIV). For the Neuropsychology Special Emphasis area, high-priority areas include working with Veterans with head injury, mild cognitive impairment, dementia, or other neurological conditions.

Program Goals and Objectives

Training Objectives for the Fellowship Year

We have two primary goals for our Psychology Postdoctoral Training Program:

1. Fellows will develop the full range of skills required for independent functioning as a psychologist. These skills are grouped into the following nine areas: 1) Clinical Procedures and Principles, 2) Assessment, 3) Treatment Planning, 4) Interventions, 5) Supervision, 6) Knowledge, 7) Staff and Team Consultation, 8) Professional Ethics and Legal Reporting Mandates and 9) Organization, Management Administration and Program Evaluation.
2. Fellows will develop skills required to function effectively as a psychologist in a high-priority area of health care for Veterans. For our Psychology Postdoctoral Fellows, this could be in: 1) Behavioral Health Interdisciplinary Program (2 positions), 2) Liver Disease and Human Immunodeficiency (HIV), 3) Neuropsychology (2-year position), 4) Post Traumatic Stress Disorder (PTSD), 5) Psychosocial Recovery (PSR) for Severe Mental Illness, 6) Rehabilitation Psychology (two-year position), and 7) Women's Mental Health Center. Questions regarding the program's accredited status can be directed to the Commission on Accreditation:

Attainment of our first goal is quantified by competency skills that align with the general advanced practice competence domains identified by the APA Commission on Accreditation and as listed above. Fellows are expected to demonstrate successful performance of these skills, as defined in our Competency Manual by the end of the year. Attainment of our second goal is quantified by a set of Special Emphasis area specific skills, which are also defined in our Competency Manual, as well as successful completion of a Fellowship Project focused on their area of Special Emphasis. These requirements will be further elaborated under the section below titled "Requirements for Completion of the Postdoctoral Fellowship."

Program Structure

Across the Special Emphasis areas in the Psychology Postdoctoral Fellowship Programs, the majority of the Fellow's time (50% or more) will be spent providing direct clinical services. Approximately four hours per week will be dedicated to a Fellowship Project that the Fellow designs with her or his supervisor(s). Administration and research related projects are required elements of the program in which two to four hours per week will be spent within these areas. Four hours per week will be spent in supervision activities: one hour of individual supervision from the primary supervisor, one hour of individual supervision from either the primary or another supervisor, and at least two hours of group supervision experiences (which include, but are not limited to, the Postdoctoral Seminar). All Fellows are expected to work 40 hours per week, although they may find that they occasionally need to put in more hours some weeks to prepare educational offerings to others or to take advantage of optional training opportunities. The 40 hours are typically spent on site at the VALBHCS campus, although it is possible that some time may be spent at one of our local Community Based Outpatient Clinics (CBOCs). All Psychology Postdoctoral Fellows are required to complete 2,080 hours of training (including any granted annual, sick, and administrative

leave). Psychology Postdoctoral Fellows easily accrue the 1,500 hours of supervised professional experience (SPE) that is specified by the Board of Psychology in the state of California for sufficient postdoctoral experience for licensure. The 90-minute weekly Postdoctoral Seminar covers important clinical and professional issues, teaches supervision skills, provides opportunity for case conferencing and allows for group discussion and the sharing of the Fellowship Projects. In addition, the Special Emphasis areas hold their own weekly or biweekly team meetings that may include didactic seminars, rounds or case presentations. Psychology Postdoctoral Fellows in some Special Emphasis areas also participate regularly in interdisciplinary case conferences. Supervisors may recommend additional seminars or other specialty-specific training opportunities. Psychology Postdoctoral Fellows typically attend Mental Health Journal Club and Grand Rounds at noon on most Tuesdays. Psychology Postdoctoral Fellows are expected to present at least once at both Grand Rounds and Journal Club as well as on their Fellowship Project at the end of the year. The Grand Rounds presentation may be on the Fellow's dissertation, or another topic of her or his choice. Psychology Postdoctoral Fellows are encouraged to develop their own didactic trainings that are consistent with defined training goals.

Supervision

Several methods of supervision will be used to guide Psychology Postdoctoral Fellows in developing expertise in their Special Emphasis area. In keeping with our apprenticeship model of training that focuses on graduated levels of responsibilities, Fellows will work alongside their supervisors--perhaps first observing, then practicing while being observed, and then practicing alone. Again, at least one hour of individual, direct, face-to-face supervision will be provided weekly by the primary supervisor. Methods of supervision may include direct observation, audio or video tapes, review of notes, and/or group supervision discussion. As part of their overall supervision experience, Psychology Postdoctoral Fellows will have the opportunity to learn and to practice providing supervision through our supervision training program. This particular program involves a series of seminars presenting information on different supervision models, specific skills, and other critical issues. Pending approval, Psychology Postdoctoral Fellows will then provide supervision to Psychology interns or pre-interns under the direction and ultimate supervision of their primary supervisor.

Fellowship Project

Psychology Postdoctoral Fellows are expected to complete a project of their choice during their training experience. This project may be conducted independently or in collaboration with other trainees or staff. The Psychology Postdoctoral Fellow will select and plan the project with their primary supervisor. The goal is for the Fellow to study or to develop some component of services that will be of utility to others in the field. This project may have a research focus (e.g., program utilization or effectiveness), an educational objective (e.g., training other staff, patients or their family members; developing a Continuing Education (CE) module), a program development aim (e.g., new peer-led service, or community re-integration program), or service provision goal (e.g., new treatment modality, or application of treatment to an under-served population.). Other creative ideas are welcome. All projects should have some form of measurable evaluation of their effectiveness and impact. Our goal is to offer the project for presentation at a professional forum such as submitting a paper to a peer-reviewed journal, presenting at a professional conference, or presenting a CE seminar at a community or VA Mental Health site. Fellows are required to present the details and result of their Fellowship Project at the end of year.

Method and Frequency of Evaluation

The overall goals of our Psychology Postdoctoral Fellowship are to train psychologists who will be competent and skilled at creating and providing services in the community or VA system, and who are skilled in providing professional psychological services to an area of high priority to veterans. A set of competencies has been developed based on APA's Commission on Accreditation guidelines. These competencies are formally evaluated and rated at regular points (4, 8, and 12 months) during the training year. We utilize a Fully Successful (FS)/ (Needs Improvement (NI) scale for core competencies (i.e., Clinical Procedures & Principles, Supervision, Knowledge, Staff & Team Consultation and Professional Ethics and Legal Mandate Reporting) in addition to a Level 1-3 point defined scale to evaluate additional competencies (i.e., Assessment, Treatment Planning, Interventions, and Organization, Management, Administration and Program Evaluation). The three point scale is operationalized with "1" corresponding to skills at the early levels of training and with "3" defined as "level for a typical postdoctoral fellow upon graduating from our program and has advanced knowledge and expertise, requires minimal

supervision.” An initial review of these competencies with the Psychology Postdoctoral Fellow at the beginning of the year will help clarify what the Fellow would like to emphasize, guide his/her choice of training opportunities and sites with their specific training opportunities, and possibly help guide her or his selection of a Fellowship Project. The four and eight month reviews will help gauge the success of the Fellow, the training program, and illuminate the need for additional specific training opportunities. The final review will assist us in determining the overall success of the VALBHCS Psychology Postdoctoral Fellowship Program. Please see the section below on Requirements for Completion for additional information.

Psychology Fellowship Training Experiences

Advanced Mental Health Interprofessional Education Program Special Emphasis Area

Supervisors: Rhea Holler, Psy.D., and Lauren Jackson, Psy.D.

The primary goal of the Advanced Mental Health Interprofessional Education Program is to train practitioners in multiple behavioral health disciplines to partner with treatment teams and Veterans through a participatory, collaborative, and coordinated approach with shared decision-making (CIHC PIS, 2010). Trainees will master advanced competencies specified in the curriculum below, which will be unique to this Interprofessional Education Program. Trainees will acquire knowledge of evidence-based practices through direct supervision, experiential treatment of patients, active participation in team meetings, and interdisciplinary didactics provided by faculty across disciplines. These core educational outcomes and objectives are based on models developed by collaborative efforts among accrediting bodies in health care settings (CIHC PIS, 2010; IEC, 2011).

Training Setting

The Outpatient Mental Health Care Group at VALBHCS serves over 12,000 Veterans through five general interprofessional teams known as the Behavioral Health Interdisciplinary Program (BHIP). The VA Interprofessional Mental Health Education Program exists within these integrated behavioral health teams, which have been redesigned and modeled after as patient-aligned care teams (PACTs) with a behavioral health focus specifically to increase Veterans’ access to evidence-based integrated behavioral health care. These teams are currently comprised of psychiatrists, psychologists, nurses, social workers, pharmacists, and program support assistants.

Implementation of an evidence-based, Veteran-centered, team-based service delivery model is a strong focus of treatment on the BHIP teams. Using experiential training and working as team members, trainees will be accountable for achieving optimal patient outcomes, exercising skills in educating patients and health care professionals on interdisciplinary topic areas, developing expertise in resolving patient-provider and/or interprofessional conflicts, conducting practice-based research, and providing evidence-based mental health treatments as a generalist mental health professional. In addition to providing time-limited evidence-based psychotherapy to individuals, Fellows will have the opportunity to be involved in current group psychotherapies (e.g., Acceptance Commitment Therapy, Dialectical Behavior Therapy Skills Training, Mantram Repetition, Noncombat PTSD) and psychotherapy orientation meetings (POMs), and also have the opportunity to develop new groups, depending on one’s interests, expertise, and training goals. Trainees will be involved in regular interprofessional team meetings and both learn and present in interdisciplinary didactic seminars. Psychology and Pharmacy trainees will collaborate on an interprofessional project, and this project may concur to meet the project requirement for the Psychology Fellow’s Fellowship Project. Additional training opportunities are available based on trainee goals and interests (e.g., patient education classes co-taught by Pharmacy and Psychology, clinical video-conferencing to CBOCs).

Liver Disease and Human Immunodeficiency Virus (HIV) Special Emphasis Area

Supervisors: Henry Benedict, Ph.D., Adrienne House, Ph.D., and Peter Hauser, M.D.

The primary goal of the Psychology Postdoctoral Fellowship with a Special Emphasis in Liver Disease and Human Immunodeficiency Virus (HIV) is to provide multi-modal interdisciplinary psychology training that will focus on evidenced-based mental health care for Veterans living with liver disease, including Hepatitis C (HCV) and/or HIV.

Grounded within this goal is a strong emphasis on evidenced-based interventions and training the Fellow in health psychology research-based design. The Psychology Postdoctoral Fellow will be assessed on the advanced general practice competencies specified by the Psychology Postdoctoral Program as well as specific competencies to liver disease and HIV. Trainees will acquire knowledge of evidence-based practices and research skills through direct supervision, experiential treatment of patients, active participation in team meetings, and interdisciplinary didactics provided by faculty across disciplines within the Gastrointestinal (GI) and HIV clinical services and research areas. A substance abuse treatment component of the training experience will provide the Fellow with an understanding of the dynamics of substance abuse in the dually diagnosed and dually addicted patient, and the unique treatments involved when providing services to Veterans living with HIV or liver disease who have co-morbid substance use disorders (SUDs). The Psychology Postdoctoral Fellow will be required to spend 20% of their time on liver disease or HIV research. Fellows will have the opportunity to develop and broaden research interests focusing upon mental health and infectious disease. There will be opportunities to write and submit abstracts and manuscripts with an expectation of one abstract and one manuscript to be submitted by the end of the fellowship year. These core educational outcomes and objectives are based on models developed by collaborative efforts among accrediting bodies in health care settings (CIHC PIS, 2010; IEC, 2011).

Training Settings

Liver Clinic

Supervisor: Adrienne House, Ph.D. and Peter Hauser, M.D.

The VLBHCS holds weekly Liver Clinics and psychological services are integrated into the care Veterans receive in this clinic. In the Liver Clinic, the Psychology Postdoctoral Fellow will work closely with clinic physicians and other allied health team members, providing consultation on a variety of issues, including making recommendations regarding patients' potential for adherence to antiviral treatment of HCV. The Fellow provides psychological services to Veteran both in Liver Clinic and outside of clinic as needed. The Fellow will provide: counseling for Veteran newly diagnosed with HCV or other liver diseases; assessment and treatment of substance abuse and mental health disorders that impact treatment adherence; adherence support for Veteran undergoing antiviral treatment for HCV; consultation to liver/hepatology services, provide bedside therapy for Veteran hospitalized with advanced liver disease; and early assessment of and intervention for potential problem areas such as familial/ marital problems, with the goals of preventing or reducing problems.

HIV

Supervisor: Adrienne House, Ph.D

The Psychology Postdoctoral Fellow will have the opportunity to interact with staff in Psychology, Medicine, and other disciplines providing an opportunity for clinical training. Psychology is also integrated into the medical care provided to Veterans with HIV disease. In the Infectious Disease (ID) Clinic, Psychology works closely with clinic physicians and other allied health team members, providing consultation on a variety of issues, including making recommendations regarding patients' potential for adherence to antiretroviral (ARV) treatment regimens. Psychology also collaborates with the medical team to develop strategies to increase adherence to complex ARV medication regimens. The psychologist serves as liaison between physician and patient to encourage and support more active participation by the patient in medical care and works with the patient to teach appropriate assertiveness in dealing with medical personnel. The ID Clinic provides initial psychological screening to evaluate patient's psychological adjustment to the disease, effectiveness and soundness of their coping strategies, history of SUDs and treatment, history of psychological or psychiatric problems and treatment, knowledge of the HIV/AIDS and treatment issues, social support network, past and current losses and stressors, knowledge and practice of safer sex, attitudes towards HIV treatment in general and ARV treatment in particular, degree of adherence with past treatment and assessment of issues that might relate to future adherence with strict ARV treatment regimen. The need for psychotherapeutic intervention and other treatment is also evaluated. The Psychology Postdoctoral Fellow would participate in all aspects and activities of the program, including providing treatment both in clinic and outside of clinic as needed.

Substance Abuse Treatment

Supervisor: Henry Benedict, Ph.D

The Psychology Postdoctoral Fellow will have an opportunity to work in the substance abuse treatment setting with Veterans who have co-existing HIV and/or liver diseases. The outpatient substance abuse treatment clinic (SATC) is

composed of a mixed population of dual diagnosis, dual addiction and alcohol only patients. The Veterans in this program are often, but not always, graduates of an intensive inpatient program who then come to SATC for follow-up treatment. Others come straight to SATC because they have stable housing and are gainfully employed. The groups are process-based in nature covering all aspects of recovery from addiction to co-morbid disorders. Veterans in this group are also provided with individual psychotherapy opportunities, vocational rehabilitation counseling, and The Department of Housing and Urban Development (HUD)/VA Supported Housing. The Psychology Postdoctoral Fellow would participate in all aspects and activities of the program. Examples include acting as co-therapist in groups of 10-15 patients, counseling individual cases, doing intake interviews with and without the use of psychological testing, and participating in one- and three-week treatment plan updates. The training experience should provide the Fellow with an understanding of the dynamics of SUDs in the dually diagnosed and dually addicted patient, and the unique treatments involved when providing services to Veterans living with HIV and/or liver disease who have co-morbid SUDs.

Research

Supervisor: Peter Hauser, M.D.

The Psychology Postdoctoral Fellow have the opportunity to develop and broaden research interests focusing upon mental health, HIV, Hepatitis C or other liver diseases, and substance abuse. Twenty percent of the Psychology Postdoctoral Fellow's time will be committed toward developing and implementing a research project. The Psychology Postdoctoral Fellow will meet regularly with Dr. Hauser to define a research project related to these areas. Dr. Hauser has several ongoing research projects focused on Hepatitis C and substance use disorders that are IRB approved, and if the research interests of the fellow are congruent, it would be relatively easy to amend existing protocols to allow the Psychology Postdoctoral Fellow to focus on his/her area of interest. There will be opportunities to write and submit abstracts with the expectation of one abstract and one publication to be submitted by the end of the fellowship year.

Posttraumatic Stress Disorder (PTSD) Special Emphasis Area

Supervisors: Lauren Glamb, Psy.D., John Huang, Ph.D., Deidre Lopez, Ph.D., and Rachel Stewart, Ph.D.

The PTSD Program team is comprised of six psychologists (listed above), four psychiatrists, a Nurse Practitioner, two nurse-case managers, two social workers, peer support specialists, and a program support assistant. The Psychology Postdoctoral Fellow will work with the three psychologist supervisors listed above, during the training year, choosing one of the three psychologists as her or his primary supervisor for the year and the remaining two for six-month rotations each. Rotation options include: PTSD/Anger Management/DBT, PTSD/Mindfulness and PTSD/Substance Use Disorders (SUD), which are further described below. The Psychology Postdoctoral Fellow in the PTSD Special Emphasis area will be responsible for conducting individual and group psychotherapy, providing staff consultation, supervising Psychology trainees, and facilitating intakes and psychological assessment.

The PTSD Specialty Clinic population predominantly consists of combat Veterans from the Vietnam and Afghanistan/Iraq (OEF/OIF/OND) conflicts, some of whom have co-occurring Substance Use Disorders (SUD) or other psychological disorders. However, the provision of therapy to Veterans from other eras is also available. Individual therapy typically focuses first on coping skills for PTSD and SUD when warranted. Once the patient is stabilized, individual or group trauma-focused therapy is available, including evidence-based treatments such as Cognitive Processing Therapy (CPT), and Prolonged Exposure Therapy (PE). The Psychology Postdoctoral Fellow will also have opportunities to administer, score and interpret a number of self-report measures assessing symptoms of PTSD (e.g., PTSD Checklist (PCL), Combat Exposure Scale), depression and anxiety (e.g., BDI-II, BAI), SUD (Brief Addiction Monitor), and personality functioning (e.g., Minnesota Multiphasic Personality Inventory - Second Edition (MMPI-II), Million Multiaxial Clinical Inventory - Second Edition (MCMI-III) as well as the Clinician Administered PTSD Scale (CAPS)).

After completing the Psychology Postdoctoral Fellowship year in the PTSD Special Emphasis area, the Fellow will have acquired advanced knowledge in the treatment of combat PTSD, including learning how to facilitate coping skills and exposure-based trauma-focused treatments. The PTSD Psychology Postdoctoral Fellow in the Special Emphasis Area of PTSD will be expected to build on skills acquired by co-leading groups earlier in the postdoctoral year by facilitating her or his own group by mid-year. The list below outlines the groups available to co-lead:

Orientation Group – information and education for newcomers to the clinic
Transitions Group – group for returning OIF/OEF Veterans
Cognitive Behavioral Therapy for Insomnia - 5-week structured group
Combat PTSD Group – 12-week, structured group
Combat PTSD Group – ongoing, topic-based group
CPT Group – trauma-focused group
Combat PTSD Graduate Group – ongoing, process group
Dialectical Behavioral Therapy – as part of the DBT program and not only combat veterans
Drum Circle – active, expressive therapy group
Tai Chi Group for combat veterans – moving, meditative expressive therapy
Mindfulness and PTSD – applied skill-based group
Relaxation and Meditation – applied skill-based group
Anger Management – time-limited, topic-based group
Seeking Safety Group, Harm-Reduction – PTSD/SUD group for outpatient combat veterans

The Psychology Postdoctoral Psychology Fellow will be expected to attend a twice-monthly didactics group dedicated to research and practice issues involving PTSD. These groups may be attended by interns and pre-interns as well, and the fellow will have opportunities to review articles or books of his or her choice. Finally, working one evening per week will be required of the Psychology Postdoctoral Fellow in the Special Emphasis in the area of PTSD (a supervisor will always be available) in order to meet the current increasing demand for services during evening hours. Other specific interests of the Fellow can be discussed and the program will try to accommodate them.

PTSD Training Settings

PTSD

Supervisor: Deidre Lopez, Ph.D.

The Psychology Postdoctoral Fellow will have opportunities to conduct intakes and deliver Prolonged Exposure Therapy with individuals, and deliver Cognitive Processing Therapy with individuals and/or in a group format. Dr. Lopez also facilitates a Women's Combat PTSD group on Thursday evenings from 4:30PM to 6:00PM. Other opportunities for group work involving skill-building will likely be available. Dr. Lopez's interests include EMDR therapy, resilience, posttraumatic growth, and moral injury. She aspires to create a group for treatment graduates who have identified "giving back" as a meaningful life value, and who wish to live this value fully through service to other Veterans.

PTSD/Mindfulness

Supervisor: John Huang, Ph.D.

Dr. Huang conducts a 12-week, closed Combat PTSD Group which focuses on group process and psychoeducational topics. It is a smaller group, generally ranging from 10-15 people, with an emphasis on forming a group alliance and teaching coping skills. He also co-leads the Mindfulness and PTSD group, which focuses on the practice of mindfulness in dealing with PTSD and general stress. Mindfulness is a type of meditation with three main components: focusing on the present moment, using full awareness, and having a non-judgmental, accepting attitude. The Psychology Postdoctoral Fellow working with Dr. Huang will have the opportunity to co-lead both of the groups mentioned above, as well as participate in the Tai Chi and Drum Circle. He is also trained in ACT for treating depression and would be able to supervise the Psychology Postdoctoral Fellow on CPT, PE, and ACT if interested. Another one of Dr. Huang's interests is spirituality and psychology, especially in how spirituality facilitated coping, healing, and creating meaning within the context of trauma.

PTSD/SUD

Supervisor: Lauren Glamb, Psy.D.

The newest component of the PTSD Specialty Clinic involves the combined treatment of combat PTSD and SUD. Dr. Glamb co-leads groups based on "Seeking Safety," an empirically-validated, 25-session psychoeducation-based protocol designed by Lisa Najavits, Ph.D. In Dr. Glamb's Group, members learn about the relationship between

SUD and PTSD and practice pro-social coping skills and relapse prevention. In order to accommodate Veterans who are ambivalent about giving up substances completely but are willing to learn safe use of substances. Motivational Interviewing (MI) techniques are widely used to help members resolve ambivalence and move toward abstinence if safe use of substances is not manageable. Dr. Glamb also co-leads CPT Groups for combat veterans and practices PE on an individual therapy basis.

PTSD/Anger Management/DBT

Supervisor: Rachel Stewart, Ph.D.

Dr. Stewart primarily conducts intakes and provides individual therapy in the PTSD clinic. She is also the Anger Management coordinator, provides a general outpatient mental health Anger Management group, and supervises the PTSD clinic's Anger Management group. Dr. Stewart, is involved in the DBT program and provides individual and group DBT services as well as program development and consultation. Dr. Stewart also provides the following services: Cognitive Processing Therapy and Prolonged Exposure for PTSD, Acceptance and Commitment Therapy, Interpersonal Psychotherapy, and Time Limited Dynamic Therapy (TLDP.) She has a particular interest in integrative treatments and the use of dynamic interventions in evidence based treatments. Additionally, Dr. Stewart has experience and interest in diversity and multicultural issues, mindfulness based treatments, spirituality, and hypnosis. A postdoctoral fellow working with Dr. will have opportunities to participate in a variety of services as described above, including Anger Management and DBT groups, individual DBT as well as the DBT consultation team, ACT, CPT, PE, IPT, TLDP, and integrated treatments. If interested, groups in the PTSD clinic with an ACT, IPT, DBT, spirituality, or whole health focus can be developed and implemented with the postdoctoral fellow. Dr. Stewart is also a Research Associate and participates in two studies related to PTSD: (1) a Department of Defense funded multisite project examining traditional PE and PE with virtual reality, and D-cycloserine versus placebo for PTSD, and (2) a Cooperative Studies Project (CSP) examining PE and CPT with veteran with PTSD. Opportunities for ancillary involvement in the research projects may be possible.

Neuropsychology Special Emphasis Area

Supervisors: Duke Han, Ph.D., ABPP-CN, Jeffrey Webster, Ph.D., and Vanessa Zizak, Ph.D.

The goal of the Psychology Postdoctoral Fellowship in the Special Emphasis area of Neuropsychology is to provide training that will prepare a doctoral-level psychologist to function competently and independently as a licensed- and board-certification-eligible Clinical Neuropsychologist working with an adult population at a VA or other health care setting.

The Psychology Postdoctoral Fellow in the Special Emphasis Area of Neuropsychology will refine assessment approaches through advanced clinical interviewing and standardized testing while considering the therapeutic utility for the Veteran. There is an emphasis placed on describing the patients' cognitive strengths and weaknesses to better formulate tailored recommendations and treatment plans. We espouse a fixed-flexible approach to neuropsychological assessment which focuses more on cognitive domains than on specific tests per se. The specific tests will be chosen based on the characteristics of the patient and the referral question. Typically, tests of memory, attention, visual processing, language, executive function, psychomotor speed, psychological adjustment and symptom validity will be considered. Utility and empirical reasons for selecting other assessment approaches including fixed batteries, cognitive screenings, and comprehensive neuropsychological evaluations including follow-up assessment that utilize reliable change indexes (RCIs) will also be provided. Upon completion, the Fellow will demonstrate competency with standardized administration of tests, case conceptualization, and selection of appropriate measures based on their psychometric properties and available culturally appropriate norms. In addition, the Fellow will learn syndrome analysis approaches to interpretation that focuses on pattern and error analysis integrating information acquired from both normative and qualitative data. The Fellow will demonstrate competency in identification and use of appropriate norms in interpreting test results, consultation with varied disciplines, providing brief feedback and education to patients, families, and referral sources when appropriate, and efficiently producing a consumer-oriented integrative report

Therapeutic application of neuropsychological information will be trained in a variety of ways. First, evaluations will often be followed by a meeting with the patient and possibly his or her family in order to review findings, better understand how the current results match the way the patient and family see the problems in real life, and provide

practical recommendations and referrals. The Fellow will also have the opportunity to attend team rounds concerning the treatment of both patients in areas of rehabilitation and geriatrics whom the Fellow has assessed. These meetings often provide an ideal opportunity to correlate findings from the test laboratory with everyday observations of the patient. Finally, the Fellow will co-facilitate education-based groups for OEF/OIF/OND Traumatic Brain Injury (TBI) patients and perhaps their families. There will also be opportunities for following some Veterans individually for specific skills training and general supportive psychotherapy. While on the neuropsychological rotation, the Fellow will conduct on average two to three neuropsychological assessments per week, managing both test administration, developing a battery, and report writing. They will also carry at least three cases for brief follow-up intervention. They will have at least two hours of individual supervision with licensed clinical neuropsychologists per week. They may also obtain clinical supervision experience with pre-interns taking the neuropsychology/rehabilitation rotation. Fellows will attend the bimonthly Neuropsychology Seminar, monthly Neuropsychology Case Conference, and monthly Neuropsychology Journal Club, and will have the opportunity to attend brain cuttings, neuropathology conferences, and interdisciplinary team meetings. They will be expected to present cases or didactic material at the Neuropsychology Seminar, Neuropsychology Case Conference, and Neuropsychology Journal Club.

Involvement with research is strongly encouraged but optional. Research opportunities in developing new studies as well as assisting with existing research will be available to the Fellow. Current research includes a study designed to use standard neuropsychological instruments to discriminate between malingering subjects, PTSD-only subjects, TBI-only subjects, and subjects with both PTSD and TBI. In addition, the Fellow can work on archival research using a large database of tests with multiple subjects as part of Dr. Webster's approved research. Dr. Han is involved in developing new VA research initiatives that are clinically-based and welcomes assistance with these. He is also federally-funded for his research exploring the neuropsychological and neuroimaging correlates of decision making in older adults in collaboration with the Rush Alzheimer's Disease Center. Opportunities to assist with developing and conducting clinical research on differential diagnosis in mild cognitive impairment, PCS/TBI and neurodegenerative disease may also be available the clinic in which Dr. Zizak is a supervisor. Finally, faculty members serve as reviewers for various journals. The Fellow may be invited to co-review these studies and will be trained on how to evaluate a study critically and write a review that is helpful to the researchers.

Training Opportunities within Neuropsychology Program

- **Please note that the department includes an American Board of Professional Psychology (ABPP) certified Psychologist in the area of Clinical Neuropsychology, Dr. Duke Han, who is Director of the Neuropsychology Postdoctoral Fellowship under the authority of Dr. Elizabeth Horin, who is Director of the Psychology Postdoctoral Training. Other staff neuropsychologists are pursuing board certification as well. This information is important for our plans to seek APA accreditation as a Specialty Postdoctoral Training program in Clinical Neuropsychology in the near future.**

General Neuropsychology Clinic (Jeffrey Webster, Ph.D., Vanessa Zizak, Ph.D., Duke Han, Ph.D., ABPP-CN)

This clinic provides neuropsychological assessment for Veterans across the life-span. A bimodal distribution of referrals for both younger, OEF/OIF/OND Veterans and older, Vietnam Era and Korean War Veterans is received. Veterans have a broad range of injuries, disabilities, and chronic health conditions. These may include traumatic brain injury, polytrauma, stroke, epilepsy, tumor, encephalopathy, motor disorders, neuromuscular and autoimmune disorders, Alzheimer's disease, mild neurocognitive impairment and other causes of dementia such as Parkinson's and Lewy Body disease, other CNS neurological disorders, and related disorders. Primary sources of referrals are TBI rehabilitation, primary care, neurology, and psychiatry. Assessment practices in the clinic include comprehensive clinical interview, case formulation, test selection and administration, interpretation of results, feedback, and clinical recommendations. Assessments are primarily outpatient in nature; however, occasional inpatient work may be required. We carefully screen for motivational issues such as symptom amplification and mental health issues such as PTSD and depression.

Traumatic Brain Injury and Polytrauma/General Neuropsychology Clinic *Supervisor: Vanessa Zizak, Ph.D.*

Those veterans referred to our service from the Traumatic Brain Injury and Polytrauma team have sustained remote or more acute TBIs. Atypical of the expected recovery from mild TBI (mTBI), these veterans continue to evidence persistent cognitive deficits. Identifying the cause of these symptoms is often complicated by the presence of overlapping psychiatric symptomatology such as Posttraumatic Stress Disorder (PTSD) and additional lifestyle/medical variables that contribute to cognitive problems (i.e., poor sleep, substance use, chronic pain, etc.). These veterans hail from varying combat eras, including Vietnam and OIF/OEF/OND conflicts, among others. We provide both brief and extended cognitive assessments and recommendations on interventions that may serve to improve cognitive functioning. In addition, we also provide educational groups about TBI and the expected course of recovery. On a limited basis, individual cognitive training, utilizing a structured ten-week cognitive rehabilitation intervention (CogSmart), is available to interested veterans. Given the influx of referrals for the evaluation of mTBI, significant efforts have been made to appropriately triage these Veterans' care in the most efficient and effective manner. A large emphasis is placed on providing empirically validated psychoeducation on the typical expected recovery course of mTBI/PCS (3 months) and potential overlapping symptomatology. A three-step evaluation process has been implemented. The first step is an initial TBI Neuropsychology Orientation Group that is primarily educational in nature. The second step is a TBI Neuropsychology Screening Clinic that consists of a brief cognitive and psychological evaluation. The third and final step is formal neuropsychological assessment if deemed beneficial and appropriate to the patient's ongoing clinical care. The Neuropsychology Postdoctoral Fellow will have a primary role in leading this three-step mTBI Neuropsychology clinic. The fellow will also have the opportunity to serve on the Polytrauma Team and attend local and VISN meetings in which the progress of our OEF/OIF/OND Veterans is reviewed by an interdisciplinary team. The fellow is expected to be instrumental with continued development of this screening clinic that will briefly and efficiently evaluate patients for their need for longer, labor intensive neuropsychological assessments. In this way, patients at low risk for acquired brain injury but with subjective complaints of deficits may be directed more quickly to appropriate treatment venues such as therapeutic treatment.

Psychosocial Recovery for Severe Mental Illness Special Emphasis Area

Supervisors: Richard Tingey, Ph.D., James Yadavaia, Ph.D., and Jessica Zuelkhe, Psy.D.

The purpose of the Psychosocial Recovery (PSR) for Severe Mental Illness Special Emphasis area is to foster expertise in up-and-coming psychologists in mental health (MH) recovery approaches and programming for people struggling with severe mental health conditions. Our VA is fortunate to have several outstanding MH recovery services where the Fellow can develop this expertise. These services include: the Pathways Recovery Center, Psychiatric Inpatient Recovery Programming, Local Recovery Coordinator Initiatives & Programming, Peer Specialist Team, Partnerships in Effective Recovery (PIER) Center—a consumer-run drop-in center), and MH Intensive Case Management (MHICM). The mission of these services is to promote wellness and recovery for a client population that has traditionally been viewed as chronic and deteriorating. Our basic philosophy is self-determination. This was articulated well in a consensus statement formulated by clients, family members, and providers when they said, "Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in the community of his or her choice while striving to achieve his or her full potential," and doing so with the least amount of ongoing professional intervention. The intent of our MH recovery services is to assist veterans in this process. Within this Special Emphasis area, the Fellow is trained to provide care that nurtures and supports this process, and teaches them how to develop and manage programs that provide these services.

The Fellow in this Special Emphasis area will develop a training program by choosing a few of the MH recovery services and programs that match his/her abilities, interests and training needs. Since the PRC is our primary Psychosocial Rehabilitation Program (PSR) program, all fellows will be required to incorporate this site as the major part of their plan, and then add one or two components that fit other interests or needs. Rather than a rotation system, the Fellow will have a yearlong experience across all the services they select. In each service, they will have the opportunity to be involved in most of that area's ongoing activities such as assessment, individual and group therapy, psychoeducation, community outreach, supervision, staff education, program management and evaluation, and research. In some of these areas, a significant portion of the Fellow's work will be with peer consumers who run some of these services and serve on boards or peer councils. A brief description of the different MH recovery services and programs follows:

Training Settings

1. The Pathways Recovery Center (PRC) is an outpatient mental health recovery program. It blends psychotherapy, psychoeducation and psychiatric therapies with practical rehabilitation and recovery work. As part of the mental health services at the larger healthcare facility, the PRC provides continuity of care between the inpatient units/acute care and other less intensive outpatient programs for veterans with severe mental health conditions. The programming is designed to assist Veterans in moving the focus of their life from their mental illness to functioning in a meaningful way within their community. It also provides blended treatment through our Addictions Track for clients who have an alcohol, drug or other addictive problems. The overall goal is to help clients meaningfully function as well as possible in their community. We have an excellent interprofessional team (psychologist, psychiatrist, nurses, peer support technician, and occupational therapist) that provides treatment and enjoys working with the Fellow. An ongoing seminar series targeted specifically at psychosocial rehabilitation and recovery meets two times a month.

2. Psychiatric Inpatient Recovery Programming: Recovery programming is an integral part of psychiatric inpatient programming. There are two psychiatric inpatient units at VA Long Beach: L1, an acute psychiatric unit and M1, a geriatric psychiatric unit. Recovery-oriented group and individual therapy are provided on both units. Treatment offerings have included Dialectical Behavior Therapy (DBT) skills training groups, groups targeted towards mental health and substance abuse recovery, and recovery-oriented individual psychotherapy incorporating techniques from Motivational Interviewing, DBT, Acceptance & Commitment Therapy, and Cognitive-Behavioral Therapy. Since the average length of stay for veterans is approximately ten days, therapy tends to be very brief, but limited opportunities are available for longer term work. Abbreviated and full team rounds occur regularly and are attended by an interdisciplinary team that includes peer specialists, staff and trainees from Psychiatry, Psychology, Nursing, Social Work, and Occupational Therapy. Finally, there is a biweekly Recovery Meeting to help sustain recovery culture on the inpatient units.

3. The Local Recovery Coordinator (LRC) assists in transforming the local VA mental health services to a recovery-oriented model of care, in sustaining those changes, and in supporting further systemic change as new evidence on recovery-oriented mental health care becomes available. Some specific areas of work include: leading the integration of recovery principles and programs into all mental health services provided at the Medical Center; providing training and consultation to facility leadership, staff, Veterans, and family members regarding this recovery transformation; running recovery-oriented system redesign projects, being directly involved in the direct provision of recovery-oriented clinical services; promoting activities to eliminate stigma associated with mental illness; and ensuring that Veterans with serious mental illness are given every opportunity to pursue and be responsible for their own goals. The LRC also acts as director of the Peer Specialist Team and PIER Center and is the staff liaison for the Veteran Mental Health Consumer Council. The LRC duties consist of management, administrative, teaching/training, and clinical tasks.

4. The Peer Specialist (PS) Team offers an adjunct service to Veterans with mental illnesses, intended to enhance the clinical therapeutic work of professional staff. This added support comes from trained peers (Veterans in recovery from mental illness) who meet individually or in groups with clients to work on several areas. VA Long Beach Healthcare System has 13 PS's on staff, embedded in most Mental Health programs. They meet with clients to share recovery experiences and recovery concepts, stages, and resources; assist with realistic recovery and wellness plans; discuss coping and problem solving methods; help find and access community resources; assist with community re-integration; and provide hope, fellowship and a sense of purpose. They also meet for weekly group supervision and competency-based training seminars.

5. The Partnerships in Effective Recovery (PIER) Center is a Mental Health drop-in recovery center for Veterans with serious mental illness. The PIER Center offers peer fellowship and support to Veterans with mental illness. It supplements the efforts of the clinical staff and Peer Specialists by providing additional emotional support, social interaction, information, tangible aid and hands-on guidance in accessing VA and community resources. It is staffed by six part-time peer coordinators working 12-16 hours a week for a one year appointment.

6. The Mental Health Intensive Case Management (MHICM) program is an Assertive Community Treatment model program using recovery concepts. The mission of VA MHICM programs is to optimize the health status, quality of

life and community functioning of Veterans with serious mental illnesses who are high users of VA mental health inpatient services.

Rehabilitation Psychology Special Emphasis Area (two-year position)

Supervisors: Sarah S. Fraley, Ph.D.; Jennifer L. Geren, Ph.D.; Elizabeth V. Horin, Ph.D., ABPP; David N. Kerner, Ph.D.; Linda R. Mona, Ph.D.

The primary goal of the Rehabilitation Psychology Special Emphasis Area is to train practitioners in mental health disciplines to partner with integrative treatment teams and veterans through a participatory, collaborative, and coordinated approach with shared decision-making (CIHC PIS, 2010). Implementation of an evidence-based, veteran-centered, integrated team-based service delivery model is a strong focus of treatment within medical care clinics/teams. Fellows in this Special Emphasis Area will acquire knowledge of evidence-based practices through direct supervision, experiential treatment of patients, active participation in team meetings, and interdisciplinary didactics provided by faculty across disciplines. These core educational outcomes and objectives are based on models developed by collaborative efforts among accrediting bodies in health care settings (CIHC PIS, 2010; IEC, 2011). Furthermore, this program has been developed in accordance with the American Psychological Association's Division 22 (Rehabilitation Psychology) training guidelines for training in rehabilitation in addition to the American Psychological Association's Guidelines for Assessment of and Intervention with Persons with Disabilities.

Across rotations, several methods of supervision will be used to guide Fellows in developing expertise in Rehabilitation Psychology while working in Medical Care Clinics/Teams. In keeping with the larger Psychology Postdoctoral Program's apprenticeship model of training that focuses on graduated levels of responsibilities, Fellows will work alongside their supervisors – perhaps first observing, then practicing while being observed, and then practicing alone. At least one of individual direct, face-to-face supervision will be provided weekly by the primary preceptor. Methods of supervision may include direct observation, audio or video tapes, review of notes, and/or group supervision discussion. Fellows will also provide supervision to Psychology interns or pre-interns under the supervision of their preceptor. In addition, in their second year, the advanced Fellow will provide mentorship to the Fellow who will be in their first year of the training program.

Fellows will be assigned to their training settings based on their individualized training needs and goals. Rotations will last a minimum of six months and be either full- or part-time. It is feasible for the Fellow to rotate through two different Medical Care Clinics/Teams (e.g., Blind Rehabilitation and Acute Rehabilitation) simultaneously depending on team meeting dates and times. In addition, for fellows in Rehabilitation Psychology that have interest in more comprehensive neuropsychological evaluation, there is opportunity to do a minor rotation in this area under the supervision of Neuropsychology staff.

Training Settings

Blind Rehabilitation Center

Supervisor: Elizabeth V. Horin, Ph.D., ABPP

The Major Charles Robert Soltes, Jr., O.D., Blind Rehabilitation Center (BRC) at the VA Long Beach Healthcare System is a 24-bed residential, inpatient rehabilitation program. Veteran or active duty service members who are legally blind or have functional visual impairments are referred to the center for blind or vision rehabilitation from Southern California and Southern Nevada. Patients range in age from their late teens to 90s but the majority of patients are older veterans in their 60s to 80s with legal blindness and others health conditions that may or may not be related to their vision loss (e.g., Diabetes, Hypertension, COPD). A smaller subset of returning veterans with traumatic brain injuries and vision loss participate. The comprehensive rehabilitation training program is comprised of staff members from a variety of disciplines including Blind Rehabilitation (i.e., Living Skills, Manual Skills, Orientation & Mobility, Visual Skills, and Accessible Technologies), Medicine (i.e., Nurse Practitioner, Attending Physician), Nursing, Optometry, Psychology, Recreation Therapy, and Social Work.

Spinal Cord Injury/Disorder (SCI/D)

Supervisors: Sarah S. Fraley, Ph.D., David N. Kerner, Ph.D., and Linda R. Mona, Ph.D.

The Spinal Cord Injury/Disorder (SCI/D) Health Care Group is the largest SCI Center in the United States. Patients in this setting present with a broad spectrum of SCI/Ds, from the newly injured individual facing a catastrophic life change, to the individual injured many years ago who is now coping with decreased functional ability as a result of the aging process. SCI/Ds can result from traumatic injury such as gunshot wound or motor vehicle accident, or from a variety of non-traumatic causes such as Multiple Sclerosis. Persons with spinal cord injuries are classified as either tetraplegic or paraplegic. SCI/D rehabilitation and treatment demands a broad interdisciplinary approach, both for acute and for ongoing care. The psychologists and various trainees work within closely-knit teams that include Physicians, pharmacists, social workers, rehabilitation therapists, case managers, dieticians, respiratory therapists, psychiatrists, and especially nursing staffs of the three different SCI units.

Sub-Acute and Geriatric Rehabilitation

Supervisor: Jennifer L. Geren, Ph.D.

The Community Living Center (CLC) at VALBHCS offers short and long-term residential care, hospice and palliative care, and inpatient rehabilitation services. Two ~35-40 bed units provide sub-acute transitional care, typically as a transition from inpatient acute medical/surgical care back to home, with some long-term care and respite care patients. One 15-bed unit provides hospice and palliative care. One 10-bed unit provides short-term inpatient rehabilitation services. One newly formed 5-bed “special care” unit houses our most medically and socially complex cases that often require longer stays. Veterans receiving long-term care tend to be elderly, medically frail, and frequently have psychiatric and/or cognitive disorders. Veterans receiving rehabilitation care tend to be middle-aged or older, and frequently have complex, comorbid medical, psychiatric, substance abuse, and social problems. Common reasons for admission include wound care, amputation, rehabilitation, complex medical management in veterans with a high degree of medical comorbidity or significant illness, and step-down after an acute hospital stay. Rehabilitation is a part of most residents’ care plans; goals include strengthening after illness-related debility or injury (e.g., post-fall), adjustment to prosthetics, recovery from and compensations for stroke-related impairment, household or community mobility, and other personalized goals. Psychology services within the CLC include: 1) Diagnostic, intervention, and prevention-oriented mental health services to veterans residing at the CLC; 2) Neuropsychological assessment and dementia evaluations with an emphasis on using test results to inform interventions and care planning; 3) Consultation and education regarding psychological, neuropsychological, and behavioral health issues to the interdisciplinary team; 4) Individual, couples, and family psychotherapy. The interdisciplinary treatment team is comprised of staff members from Nursing, Pharmacy, Dietetics, Rehabilitation Medicine (KT/PT/OT), Recreation Therapy, Social Work, Psychology, and Medicine.

Women’s Mental Health Center Special Emphasis Area

Supervisors: Linda Baggett, Ph.D., Suzanne Hilleary, Ph.D., and Gretchen Sholty, Ph.D.

Founded in January 2005 through a VA Special Needs Grant. The Women's Mental Health Center (WMHC) serves women Veterans by providing gender-specific and sensitive services. Our treatment philosophy follows a holistic and evidence-based approach, which influences our conceptualization of patients as well as the types of intervention that we use. The WMHC is comprised of two psychologists (listed above), two licensed marriage and family therapists, certified yoga therapist, license clinical social worker, and two psychology technicians. At the time of this document publication, a third psychologist position has been added to the WMHC. The Psychology Postdoctoral Fellow will work with the psychologists during the training year, choosing one as her or his primary supervisor for the year and the remaining two for six-month rotations each. The Psychology Postdoctoral Fellow in the WMHC Special Emphasis area will be responsible for conducting individual and group psychotherapy, supervising Psychology trainees, and facilitating intakes and psychological assessment.

Training Opportunities

1. **L.I.F.E. Women’s Trauma Program:** a 12-week (2-5 days/week) curriculum to treat sexual trauma
2. **Outpatient psychotherapy:** groups and/or individual treatment

L.I.F.E. Women’s Trauma Program

The L.I.F.E. (Living, Intentionally, Fully, and Empowered) Women's Trauma is a 12-week integrative curriculum to address complex trauma (multiple events or repeated sexual trauma with on-going consequences), including military sexual trauma (MST), for homeless and outpatient women Veterans. As part of this program, Veterans participate in trauma-focused individual therapy as well as four required groups. Many L.I.F.E. participants also supplement their individualized treatment plans with additional elective groups offered through the WMHC outpatient program (please see below for more details).

Each L.I.F.E. cohort is part of a transformational process utilizing a variety of forms of learning (e.g., cognitive, experiential, and creative self-expression). Participants learn new skills to manage and decrease symptoms, identify the impact of living through multiple events of trauma on their belief system, behavior, and interpersonal relationships, and work to make changes to improve the quality of their lives and relationships. There is an emphasis on developing more effective methods of coping and relating to others. A variety of evidence-based practices are used throughout the L.I.F.E. curriculum, including attachment theory, cognitive-behavioral therapy, acceptance and commitment therapy, and dialectical behavioral therapy.

The program includes four required groups and weekly individual therapy:

- **Trauma Group (Tuesdays 10am-12pm)**
In this group, participants will learn about and explore the impact that trauma has had on their lives, including beliefs, feelings, and behavior. Participants will gain skills to manage trauma-related feelings and symptoms, such as nightmares, panic attacks, intrusive thoughts, and disruption of interpersonal relationships that are common after experiencing trauma.
- **Mindful Rest & Relaxation (Tuesdays 1pm-3pm)**
This gentle class combines yoga techniques and insight and guided relaxation techniques to allow one to be in the present moment, experience self-breathing, stretch, build muscles, balance and relax.
- **Feelings and Relationships (Thursdays 10am-12pm)**
In this group, participants will learn skills to identify, tolerate, and manage feelings. The group also addresses interpersonal relationships with an emphasis on establishing healthy boundaries and assertive communication techniques.
- **Support and Process Group (Thursday 1pm-3pm)**
In this group, participants conclude each week together with a supportive space to process the experiences of the week and the impact of the class material, and to provide mutual support to one another.
- **Trauma focused individual therapy**
Individual therapy to explore areas in which the participant remains emotionally "stuck" regarding experiences of trauma. Participants will learn how to recognize their own emotional and behavioral patterns and how to make changes to these patterns in meaningful ways.

Outpatient Psychotherapy

The Women's Mental Health Center also provides individual and group psychotherapy to women Veterans who present with a wide range of presenting problems. We offer a variety of evidence-based treatments such as Cognitive Behavioral Therapy, Prolonged Exposure, Cognitive Processing Therapy, Dialectical Behavioral Therapy, Acceptance and Commitment Therapy, Psychodynamic/Interpersonal Process Psychotherapy, and Seeking Safety.

We also offer a variety of outpatient groups exclusively for women that change depending on current staff/volunteers and interest level of the women Veterans. Some of the groups we have offered are the following:

- Mood Group (Coping Skills for Depression and Anxiety)
- Cognitive Processing Therapy for PTSD

- Combat Support Group
- Acceptance and Commitment Therapy
- Dialectical Behavioral Skills group
- Stress Management
- Interpersonal Skills
- Healthy Eating Group
- Trauma and Healthy Sexual Intimacy Group
- Seeking Safety (PTSD and Substance Use Disorders)
- Relaxation/Mindfulness group
- Pain Management
- Yoga
- Mantram Repetition
- Cognitive Behavioral Therapy for Insomnia (CBT-I)
- Anger Management
- Women's Psychotherapy Orientation meetings

Requirements for Completion of Postdoctoral Fellowship

Before Fellows start the program, their prior training experiences are carefully reviewed to identify areas of strength and needed growth. This process facilitates the development of an individualized training program to meet the specific training needs of each Psychology Postdoctoral fellow. Fellows are encouraged to expand their areas of clinical competence by using new treatment techniques from various psychological traditions, and perhaps working with new patient populations, such as the severely mentally ill, dually diagnosed patients or primarily women.

It is expected that upon completion of the program, all interns will demonstrate competence in the following eight general domains:

- A. Clinical Procedures and Principles
- B. Assessment
- C. Treatment Planning
- D. Interventions
- E. Supervision
- F. Knowledge
- G. Staff and Team Consultation
- H. Professional Ethics and Legal Mandate Reporting
- I. Organization, Management, Administration, and Program Evaluation

At the beginning of the training year, each Fellow will receive a Psychology Postdoctoral Fellowship Competency Manual that specifies the required competency elements within each domain, along with examples of the expected levels of performance for a postdoctoral fellow in psychology. The Fellow is rated three times per year on all competency domains. Although many of the core competencies will be the same for Fellows in all Special Emphasis areas, some competencies will apply only to Fellows in a specific Special Emphasis area.

Items in the Clinical Procedures and Principles, Supervision, Knowledge, Staff & Team Consultation and Professional Ethics and Legal Mandate Reporting sections are simply rated as "Fully Successful" or "Needs Improvement," whereas the elements in the Assessment, Treatment Planning, Interventions and Organization, Management, Administration and Program Evaluation sections have three rating levels based on descriptive anchors. Level 1 indicates "Needs frequent supervision and has little practical experience." Level 2 indicates "Needs a moderate level of supervision and has some practical experience." Level 3 indicates "Level for a typical postdoctoral fellow upon graduating from our program and has advanced knowledge and expertise, requires minimal supervision." While some Fellows may be functioning at a higher level than Level 3, especially toward the end of their postdoctoral year, we have designated Level 3 as the criteria-based acceptable level of functioning for all Psychology Postdoctoral Fellows. Level 3 thus represents the attainment of performance expected of a Postdoctoral Fellow who is about to be licensed as an independent practitioner. This refers to both basic clinical skills and

appropriate use of supervision for a Psychology Postdoctoral Fellow nearing licensure. In addition to these formal competency ratings, a narrative summary of the fellow's performance at the four, eight, and twelvemonth periods is provided. This offers more personalized and specific information about the fellow's progress, performance, and clinical strengths and any areas that should be addressed for additional professional growth.

Facility and Training Resources

All Psychology Postdoctoral Fellows are provided with private office space and secure networked computers necessary for patient care and administrative responsibilities. They have access to the VA Medical Library services, including text data bases such as Ovid, as well as VA Intranet and Internet resources for clinical work and research. Within the Psychology Department, there is a comprehensive Psychology Assessment Lab that has available a wide variety of psychological assessment instruments and test scoring programs.

Administrative Policies and Procedures

The policy of the Psychology Postdoctoral Fellowship Program on Authorized Leave is consistent with the national standard. Applicants are welcome to discuss this issue with the Director of Training.

Due Process: All Fellows are afforded the right to due process in matters of problem behavior and grievances. An 8-page due process document is distributed to and reviewed with all fellows during their first week at VA Long Beach Healthcare System. A copy of our due process policy is available on request.

Privacy policy: We collect no personal information from potential applicants who visit our Website.

Self-Disclosure: We do not require Fellows to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting the Fellow's performance and such information is necessary in order to address these difficulties.

Training Staff

Psychology Postdoctoral Training Faculty

BAGGETT, Linda R.

Current VA Position: Staff Psychologist, Women's Mental Health Center

Area of Specialization: Counseling Psychology

Degree: Ph.D., University of Memphis, 2012

VA hire: 2013

E-mail address: linda.baggett2@va.gov

Licensure: California (2013)

Theoretical Orientation: Integrative (e.g., Interpersonal/Psychoanalytic psychotherapy, Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT)).

Areas of Clinical Specialization: Women's Mental Health, Military Sexual Trauma (MST), Trauma, Sexual Health, LGBTQ community, diversity.

Publications: sexual health, body image, and diversity

Professional Organizations: APA

Teaching/Training Interests: Women's Mental Health, Military Sexual Trauma, sexuality, and professional development

BENEDICT, Henry C.

Current VA Position: Staff Psychologist, Substance Abuse Treatment Clinic

Area of Specialization: Clinical Psychology

Degree: Ph.D., Washington University, 1967

VA Hire: 1967

E-mail address: henry.benedict@va.gov

Licensure: California (1969)

Theoretical Orientation: Integrative

Areas of Clinical Specialization: Psychodiagnostic evaluations; Chemical dependence including alcoholism, dual addiction and dual diagnosis; Individual and group psychotherapy

Publications: Cognitive dissonance, clinical exchange, dual diagnosis

Research Interests: Substance abuse; Posttraumatic Stress Disorder; ADHD with CSULB

Academic Appointments: Fuller Graduate School of Psychology

Professional Organizations: APA

Teaching/Training Interests: All aspects of clinical psychology, therapy and diagnosis

COLE, Kenneth D.

Current VA Position: Director of Training, Psychology Predoctoral Training Program

Area of Specialization: Adult Development and Aging

Degree: Ph.D., University of Southern California, 1981

VA Hire: Team Training in Geriatrics, VA Sepulveda, 1984; VA Long Beach, 1991

E-mail address: kenneth.cole@va.gov

Licensure: California (1983)

Theoretical Orientation: Mindfulness-based third wave psychotherapies

Areas of Clinical Specialization: Application of mindfulness-based third wave psychotherapies especially Acceptance and Commitment Therapy (ACT) to the needs of our veterans

Publications: Interprofessional teams; depression in the elderly

Academic Appointments: Clinical Associate Professor in Department of Psychology, University of Southern California

Professional Organizations: APA, Association for Contextual Behavioral Science

FRALEY, Sarah S.

Current VA Position: Staff Psychologist, Spinal Cord Injury/Impairment

Area of Specialization: Counseling Psychology; Spinal Cord Injury (Fellowship at Rancho Los Amigos)

Degree: Ph.D., University of Iowa, 2004

VA hire: 2005 (transferred to VALBHCS in 11/ 2009)

E-mail address: sarah.fraley@va.gov

Licensure: California (2005)

Theoretical Orientation: Integrative, Cognitive-Behavioral

Areas of Clinical Specialization: Rehabilitation Psychology, Spinal Cord Injury

Publications/Research Interests: Women's health psychology; sexual coercion, sexuality and disability

Professional Organizations: APA

Teaching/Training Interests: Rehabilitation Psychology; vicarious traumatization/burnout; issues relevant to new graduates (licensure, job seeking strategies)

GEREN, Jennifer L.

Present VA Position: Staff Psychologist, Community Living Center

Area of Specialization: Clinical Psychology (PhD)

Degree: Ph.D., University of Southern California, 2013

VA hire: 2015

E-mail address: Jennifer.Geren@va.gov

Licensure: California (2014)

Theoretical orientation: Behavioral, Cognitive-Behavioral including 3rd wave therapies, Family Systems

Areas of clinical specialization: Geropsychology, Health Psychology/Behavioral Medicine, Hospice and Palliative Care

Publications/Research interests: aging and emotion, couples coping with chronic health problems, psychotherapy with older adults

Teaching/training interests: Evidence-based psychotherapy with older adults, neuropsychological assessment, end-of-life care, interdisciplinary team consultation and integration, ethical issues concerning older adult care.

GLAMB, Lauren J.

Current VA Position: Staff Psychologist, PTSD and Substance Use Disorders

Area of Specialization: Clinical Psychology

Degree: Psy.D., Pepperdine University, 2011

VA hire: 2012

E-mail address: lauren.glamb2@va.gov

Licensure: California (2012)

Theoretical Orientation: Cognitive-Behavioral, Mindfulness

Areas of Clinical Specialization: Trauma

Publications: Diversity and trauma; sexual trauma

Professional Organizations: APA

Teaching/training interests: Evidence-based therapies; diversity issues; substance use disorders and trauma

HAN, Duke

Current VA Position: Neuropsychologist

Area of Specialization: Clinical Neuropsychology

Degree: Ph.D.: University of Massachusetts Boston, 2004

ABPP: Clinical Neuropsychology, 2011

VA hire: 2012

E-mail address: duke.han@va.gov

Licensure: Illinois (2006), California (2012)

Theoretical orientation: Biopsychosocial

Areas of Clinical Specialization: Neuropsychological Assessment

Publications: Neuroimaging and neurocognition of aging; traumatic brain injury; schizophrenia; executive functions across the lifespan

Research Interests: Aging and traumatic brain injury

Academic Appointments: Rush University Medical Center/Rush Alzheimer's Disease Center

Professional Activities Outside VA: International Neurological Society (INS) Continuing Education Committee; APA Division 40 Program Committee; National Academy of Neuropsychology Publications Committee; mentorship for the American Board of Clinical Neuropsychology; grant review for the Alzheimer's Association and National Institute of Health

Professional Organizations: APA; INS; American Academy of Clinical Neuropsychology; National Academy of Neuropsychology (NAN)

Teaching/Training Interests: Neuropsychological Assessment, ABPP certification

HILLEARY, Suzanne M.

Present VA Position: Psychologist, Director of Women's Mental Health Center

Area of specialization: Clinical Psychology, Women's Mental Health

Degree: Ph.D.: Fuller Graduate School of Psychology, 2010

VA hire: 2012

E-mail address: suzanne.hilleary@va.gov

Licensure: California (2012)

Theoretical Orientation: CBT/Psychodynamic (Object Relations)

Areas of Clinical Specialization: PTSD, Sexual Trauma treatment, Neuropsychological Assessment, LGBTQ concerns

Publications: Metabolic levels in the corpus callosum and their structural and behavioral correlates after moderate to severe pediatric TBI

Research Interests: Traumatic Brain Injury, Memory and Aging, PTSD

HOLLER, Rhea

Current VA Position: Staff Psychologist

Area of Specialization: Clinical Psychology

Degree: Psy.D., Azusa Pacific University, 2010

VA Hire: 2015

E-mail address: Rhea.Holler@va.gov

Licensure: California (2012)

Theoretical Orientation: Cognitive-Behavioral; Dialectical Behavioral

Areas of Clinical Specialization: Effectiveness of Dialectical Behavioral Therapy (DBT) in real-world settings; professional quality-of-life and wellness/burn-out prevention for mental health providers

Publications/Research Interests: DBT, suicide prevention, CBASP (for treatment resistant chronic depression)

HORIN, Elizabeth V.

Current VA Position: Staff Psychologist, Blind Rehabilitation Center; Interim Director of Postdoctoral Training

Area of Specialization: Clinical Psychology; Community Psychology

Degree: Ph.D., DePaul University, 2008

ABPP: Rehabilitation Psychology, 2014

VA Hire: 2009 (transferred to VALBHCS in 1/ 2012)

E-mail address: elizabeth.horin@va.gov

Licensure: Illinois (2010, inactive status), California (2014)

Theoretical Orientation: Integrative; Cognitive-Behavioral

Areas of Clinical Specialization: Rehabilitation and adjustment to disability and/or chronic health conditions; multicultural assessment; clinical psychology in medical and rehabilitation settings; geropsychology; health psychology; neuropsychology; behavioral sleep medicine and cognitive-behavioral treatment for insomnia (CBT-I)

Publications/Research Interests: Multicultural assessment; disability issues and vocational rehabilitation; CBT-I

Professional Organizations: APA

Teaching/Training Interests: Rehabilitation and coping with and adjustment to disability and/or chronic health conditions; visual impairment and blindness; multicultural assessment; issues relevant to new graduates/early career psychologists

HOUSE, Adrienne I.

Current VA Position: Staff Psychologist, HIV/Oncology, Hospice, Dialysis

Area of Specialization: Clinical Psychology

Degree: Ph.D., Washington University in St. Louis, 1985

VA hire: 1992

E-mail address: adrienne.house@va.gov

Licensure: California (1989)

Theoretical Orientation: Cognitive-behavioral; humanistic

Areas of Clinical Specialization: Health Psychology; coping with HIV disease, cancer and other chronic illnesses

Academic Appointments: Fuller Graduate School of Psychology

Professional Organizations: Divisions 38 and 45 of APA; Psychologists for Social Responsibility

Teaching/Training Interests: Psychological adjustment to chronic and life threatening illness, psychological work with the terminally ill, Buddhism and its application to psychology

HUANG, John S.

Current VA Position: Staff Psychologist, PTSD Programs

Area of Specialization: Clinical Psychology

Degree: Ph.D., University of California, Santa Barbara, 2003

VA hire: 2006

E-mail address: john.huang2@va.gov

Licensure: California (2005)

Theoretical Orientation: Eclectic, Cognitive-Behavioral; Interpersonal Process

Areas of clinical specialization: Diversity issues; PTSD; meditation/relaxation

Publications: Diversity and mental health

Research Interests: Diversity and mental health

Professional Organizations: APA

Teaching/Training interests: Diversity; Buddhism, Christianity, Hinduism and Native American spirituality

JACKSON, Lauren

Current VA Position: Staff Psychologist

Area of Specialization: Clinical Psychology

Degree: Psy.D., Pepperdine University, 2010

VA hire: 2015

E-mail Address: lauren.lovatojackson@va.gov

Licensure: California (2012)

Theoretical Orientation: Cognitive-Behavioral

Areas of Clinical Specialization: Trauma-focused treatments including Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE); treatment of Borderline Personality Disorder using Dialectical Behavior Therapy (DBT); Treatment of BPD and PTSD using the DBT and PE conjoint protocol; treatment of chronic depression using Cognitive Behavioral Analysis System of Psychotherapy (CBASP)

Publications/Research interests: Treatment of individuals with co-occurring Posttraumatic Stress Disorder and Borderline Personality Disorder; Clinician implementation of exposure-based treatments for PTSD.

Teaching/training interests: Case-conceptualization driven treatment; DBT; DBT and PE; CBASP

KERNER, David N.

Current VA Position: Staff Psychologist, Spinal Cord Injury/Impairment

Area of Specialization: Clinical Psychology

Degree: Ph.D., Joint Doctoral Program, UC San Diego/San Diego State University, 1998

VA hire: 2001

E-mail address: david.kerner2@va.gov

Licensure: Illinois (2000), California (pending)

Theoretical Orientation: Cognitive-Behavioral

Areas of Clinical Specialization: Medical Psychology; Rehabilitation Psychology; chronic pain management

Publications: Outcome Methodology; Health Psychology

Professional Organizations: APA, Society of Behavioral Medicine

Teaching/Training Interests: Medical/Health Psychology; Rehabilitation Psychology; Physiological psychology; pain management.

LOPEZ, Deirdre

Present VA Position: Staff Psychologist

Area of specialization: Clinical Psychology

Degree: Ph.D., University of Missouri--Columbia, 1996

VA hire: 2009

E-mail address: deirdre.lopez2@va.gov

Licensure: California (2002) (prior licensure in Missouri)

Theoretical orientation: Humanistic, cognitive-behavioral, psychodynamic

Areas of clinical specialization: Trauma and PTSD

Publications/Research interests: Trauma and attachment, moral injury, somatic trauma processing, EMDR

Teaching/training interests: EMDR, possibly moral injury

MONA, Linda R.

Current VA Position: Staff Psychologist, Spinal Cord Injury/Impairment

Area of Specialization: Clinical Psychology

Degree: Ph.D., Georgia State University, 1998

VA hire: 2002

E-mail address: linda.mona@va.gov

Licensure: California (2000)

Theoretical Orientation: Integrative; Cognitive-Behavioral

Areas of Clinical Specialization: Rehabilitation psychology; couples therapy; sex therapy; Disability Affirmative Therapy

Publications: Sexuality and Disability, Disability Policy, Diversity/Multiculturalism and Disability

Professional Organizations: APA (Divisions 22 and 18); Society for the Scientific Study of Sexuality; American Association of Sex Educators, Counselors, and Therapists

Teaching/Training Interests: Psychology of disability; Rehabilitation Psychology; sexual expression and sex therapy; diversity issues and multicultural psychology

SHOLTY, Gretchen L.

Current VA Position: Staff Psychologist, Women's Mental Health Center; VA Long Beach Military Sexual Trauma (MST) Coordinator; Assistant Training Director, Psychology Pre-doctoral Program

Area of Specialization: Clinical Psychology

Degree: Ph.D., University of California, Los Angeles (UCLA) 2012

VA hire: September 2013

E-mail address: gretchen.sholty@va.gov

Licensure: California (2014)

Theoretical Orientation: Integrative (e.g., Interpersonal/Psychodynamic psychotherapy, Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT). VA Certified in Dialectical Behavioral Therapy (DBT) and Cognitive Processing Therapy (CPT).

Areas of Clinical Specialization: Women's Mental Health, Military Sexual Trauma (MST), Trauma and Sexual Health, LGBTQ community, Serious Mental Illness (SMI), Recovery-oriented treatment

Publications: schizophrenia, recovery-oriented programming, ACT for psychosis, sexual health

Professional Organizations: Association for Contextual Behavioral Science

Teaching/Training Interests: Women's Mental Health, Military Sexual Trauma, DBT, Recovery-oriented programming, professional development

STEWART, Rachel E.

Current VA Position: Staff Psychologist & Research Associate

Area of Specialization: Counseling Psychology

Degree: Ph.D., Washington State University, 2009

VA hire: Research 2011, Staff Psychologist 2012

E-mail address: rachel.stewart2@va.gov

Licensure: California (2011)

Theoretical Orientation: Integrative (Cognitive Behavioral & Psychodynamic, mindfulness based 3rd wave therapies)

Areas of Clinical Specialization: PTSD and trauma related disorder; anxiety and mood disorder; sexual disorders; interpersonal issues; Axis II/characterological related concerns; women's issues; sport psychology and performance enhancement; hypnosis; CBT, CPT, PE, IPT, time-limited dynamic psychotherapy, DBT, and ACT.

Publications: Hypnosis and pain

Research Interests: PTSD; attachment; therapeutic alliance; psychodynamic therapy; hypnosis; sport psychology

Professional Activities Outside VA: Consultation with athletes, athletic organizations, and projects related to student veterans. Private practice.

Professional organizations: APA

Teaching/Training Interests: Evidence Based Treatments versus tailored patient care; supervision; integration of psychotherapy orientations; PTSD assessment; vicarious trauma; development of personal/professional balance as means to vital well-being.

TINGEY, Richard C.

Current VA Position: Staff Psychologist; Chief, PRRC

Area of Specialization: Clinical Psychology

Degree: Ph.D., Brigham Young University, 1989

VA hire: 1995

E-mail address: richard.tingey@va.gov

Licensure: California (1991)

Theoretical Orientation: Psychodynamic; Object Relations; ACT

Areas of Clinical Specialization: Severe chronic mental illness; addictive disorders

Publications: Psychotherapy outcome; outcome methodology

Research Interests: Therapy outcome; brief treatment; treatment efficacy; substance abuse

Academic Appointments: Fuller Graduate School of Psychology

Professional Activities Outside VA: Part-time teaching; private practice

Professional Organizations: APA

Teaching/Training Interests: Group psychotherapy, SA treatment, SMI Rehab and Recovery

WEBSTER, Jeffrey S.

Current VA Position: Chief Psychologist; Staff Neuropsychologist; Director, Neuropsychology Research Lab, Chair Research and Development Committee

Area of Specialization: Clinical Neuropsychology

Degree: Ph.D., University of Georgia, 1980

VA Hire: 1984

E-mail address: jeffrey.webster@va.gov

Licensure: Mississippi (1981), California (1993)

Theoretical Orientation: Cognitive-Behavioral

Areas of Clinical Specialization: Neuropsychological assessment and rehabilitation of brain-injured patients; Behavioral Medicine; Gerontology

Publications: Neuropsychological assessment; assessment and treatment of unilateral neglect; cognitive retraining following head injury; psychophysiology; stress management; biofeedback; assertion training; behavioral approaches to physical rehabilitation

Research Interests: Neuropsychological assessment and rehabilitation

Academic Appointment: Department of Physical Medicine & Rehabilitation, UC Irvine Medical School

Professional Organizations: APA; INS

Teaching/Training Interests: Neuropsychological assessment, behavioral approaches to physical rehabilitation, computer applications in cognitive rehabilitation, and health psychology

YADAVAIA, James E.

Current Position: Staff Psychologist, Inpatient Psychiatry

Area of Specialization: Clinical Psychology

Degree: Ph.D., University of Nevada, Reno, 2013

VA hire: 2014

E-mail address: james.yadavaia@va.gov

Licensure: California (2014)

Theoretical Orientation: Mindfulness/Acceptance-Based Cognitive-Behavioral (ACT, DBT); Traditional CBT; Motivational Interviewing

Area of Clinical Specialization: Serious Mental Illness

Publications/Research Interests: Mental Health Recovery Movement; LGBT Concerns; Self-Stigma; Self-Compassion

Teaching/Training Interests: Group and individual psychotherapy; Issues of Diversity in Clinical Work and Supervision; Collaboration with Interdisciplinary Teams

ZIZAK, Vanessa S.

Present VA Position: Neuropsychologist

Area of Specialization: Clinical Neuropsychology

Degree: Ph.D.: Palo Alto University, 2010

VA hire: 2012

E-mail address: Vanessa.Zizak@va.gov

Licensure: Arizona (2012, inactive status); California (2014)

Theoretical Orientation: Integrative (CBT, IPT, biopsychosocial, mindfulness, humanistic and psychodynamic)

Areas of Clinical Specialization: Neuropsychological Assessment

Publications: Cognition and emotion in patients with Alzheimer's, Parkinson's, and Huntington's disease; depression and psychotic major depression; PTSD and TBI; and in pre and post bariatric surgery patients.

Research Interests: Aging, neurodegenerative illness, depression, and traumatic brain injury

Professional Organizations: APA Divisions 20 and 40, INS and NAN

Teaching/training Interests: Screening and Comprehensive Neuropsychological Assessment of both young and older adults, TBI Polytrauma, and clinical research

ZUEHLKE, Jessica B.

Current VA Position: Staff Psychologist; Local Recovery Coordinator

Area of Specialization: Psychosocial Rehabilitation (PSR) and Recovery/Clinical Psychology

Degree: Psy.D. University of Hartford, CT, 2008

VA hire: 2009 (transferred to VALBHCS in 8/2012)

E-mail address: jessica.zuehlke@va.gov

Licensure: Rhode Island (2009), California (pending)

Theoretical Orientation: Recovery-oriented; Cognitive-Behavioral; Mindfulness; Solution-Focused

Areas of Clinical Specialization: Psychosocial Rehabilitation and Recovery

Publications/Research Interests: Mental Health Recovery, System Redesign, Patient-Centered Care, Post-partum depression

Other Interests: System Redesign (trained as a SR Facilitator), Patient-Centered Care (Planetree model)

Fellows

2015-2016 Postdoctoral Fellows:

Kimberly Baerresen, Ph.D., Loma Linda University (Neuropsychology-2nd year)
Zemed Berhe, Ph.D., Seton Hall University (Interprofessional)
Vitae Felix, Ph.D., Arizona State University (PTSD)
Laura Northrop, Ph.D., Rosemead School of Psychology (Psychosocial Recovery for Severe Mental Illness)
Zyanya Mendoza, Psy.D., Azusa Pacific University (Rehabilitation Psychology)
Marissa Rudolph, Ph.D., Seattle Pacific University (Women's Mental Health Center)
Kulwinder (Karan) Singh, Ph.D., University of Southern CA (Liver Disease and HIV)
Margaret (Molly) Tartter, Ph.D., University of California, Los Angeles (Interprofessional)

2014-2015 Postdoctoral Fellows:

Sarah-Rae Andreski, Ph.D., Palo Alto University (Rehabilitation Psychology)
Kimberly Baerresen, Ph.D., Loma Linda University (Neuropsychology)
Elizabeth Chereji, Ph.D., University of Southern CA (HCV/HIV)
Marci Flores, Psy.D., University of Hartford (Interprofessional)
Tatiana McDougall, Ph.D., University of Maryland, Baltimore County (Interprofessional)
Jessica Valluzzi, Psy.D., Pepperdine University (Psychosocial Recovery for Severe Mental Illness)
Camila Williams, Ph.D., University of Utah (PTSD)

2013-2014 Postdoctoral Fellows:

Elisha Carcieri, Ph.D., St. Louis University (Rehabilitation Psychology)
Shelly Crosby, Psy.D., Pepperdine University (PTSD)
Thomas Hanson, Psy.D., Pepperdine University (Interprofessional)
Corina Lopez, Ph.D., University of Miami (HCV/HIV)
Michelle Medanic, Psy.D., George Fox University (Interprofessional)
Timothy O'Brien, Ph.D., University of Alabama at Birmingham (Neuropsychology – 2nd year)
James Yadavaia, Ph.D., University of Nevada, Reno (Psychosocial Recovery for Severe Mental Illness)

2012-2013 Postdoctoral Fellows:

Jessica Naughton, Ph.D., Syracuse University (PTSD)
Timothy O'Brien, Ph.D., University of Alabama at Birmingham (Neuropsychology)
Gretchen Sholty, Ph.D., University of California, Los Angeles (Psychosocial Recovery for Severe Mental Illness)
Michelle Sonnenberg, Psy.D., Adelphi University (PTSD)

2011-2012 Postdoctoral Fellows:

Lauren Glamb, Psy.D., Pepperdine University (PTSD)
Anitha Iyer, Ph.D., Columbia University (Women's Mental Health Center)
Pearl McGee-Vincent, Psy.D., JFK University (Psychosocial Recovery for Severe Mental Illness)
Vanessa Zizak, Ph.D., University of Palo Alto (Neuropsychology – 2nd year)

2010-2011 Postdoctoral Fellows:

Amber Baker, Ph.D., University of California, Santa Barbara (PTSD)
Velma Barrios, Ph.D., State University of New York at Albany (Women's Mental Health Center)
John Williams, Ph.D., State University of New York at Binghamton (Psychosocial Recovery for Severe Mental Illness)
Vanessa Zizak, Ph.D., University of Palo Alto (Neuropsychology)

Fellows Continued

2009-2010 Postdoctoral Fellows:

Emily Fine, Ph.D., University of Southern California (Neuropsychology)
Adria Pearson, Ph.D., University of Nevada, Reno (Psychosocial Recovery for Severe Mental Illness)
Rachel Robertson, Ph.D., Washington State University (Women's Mental Health Center)
Marya Schulte, Ph.D., San Diego State University/University of California San Diego (PTSD)

2008-2009 Postdoctoral Fellows:

Jessica Lambert, Ph.D., State University of New York at Albany (Women's Mental Health Center)
Kirsten Lowry, Ph.D., University of Nevada, Reno (Psychosocial Recovery for Severe Mental Illness)
Shanna Murray, Ph.D., Bowling Green University (PTSD)
Jennifer Predolin, Psy.D., Pepperdine University (Neuropsychology)

Local Information

VA Long Beach Healthcare System is a part of the Veterans Integrated Service Network (VISN) 22, which also includes the San Diego VA, Loma Linda VA, Las Vegas VA and the Greater Los Angeles Healthcare System consisting of the West Los Angeles VA, Sepulveda VA, the Los Angeles Ambulatory Care Center, and outlying clinics. The VA Long Beach Healthcare System includes the main medical center complex in Long Beach, as well as five community-based healthcare clinics located in West Long Beach (Cabrillo Villages), Whittier, Anaheim, Santa Ana, and Laguna Hills.

Our Medical Center complex is located adjacent to California State University at Long Beach, and is approximately 30 miles south of UCLA and 20 miles north of the University of California at Irvine (UCI). The city of Long Beach is located along the California coast in southern Los Angeles County, next to the border of Orange County. The city is named for its miles of sandy beaches. Originally becoming popular as a seaside resort in the late 19th century, Long Beach is the fifth largest city in California, with an ethnically diverse population of almost a half million people. Its harbor is the home of the famous luxury liner the Queen Mary and the Port of Long Beach, which is the busiest closed container-shipping center in the United States. A large number of recreational, entertainment, cultural and sporting facilities are available in the greater Long Beach area.

Directions to the VA Long Beach Medical Center and Psychology Department

The VA Long Beach Healthcare Center is located on the corner of Bellflower Boulevard and Seventh Street in Long Beach. It is adjacent to California State University at Long Beach, and is just northeast of where Pacific Coast Highway intersects with Bellflower Blvd. and Seventh Street. For more information on orienting yourself to VA Long Beach, please check the VA Long Beach Website. www.longbeach.va.gov

Freeway access from the North is the San Diego Freeway (405).

- Take the Bellflower Blvd. exit going south.
- On Bellflower Blvd., after passing shopping areas and crossing Atherton Street, you will come upon CSU Long Beach on the left.
- Immediately after Beach Drive are the VA grounds, also on the left.
- Since you cannot make a legal left turn on Sam Johnson Road, you must go further to Palm Road where there is a left turn lane enabling you to enter the VA grounds through Gate 3.
- Parking is now more difficult because some parking lots near the 7th Street entrance are closed for the ongoing construction, so you may have to find parking in the very northeast corner of the VA grounds near Cal State Long Beach.

Freeway access from the North on the San Gabriel Freeway (605)

- Take the Seventh Street (22 West) exit.

- After passing CSU Long Beach on the right on Seventh Street, you will come upon the VA, which is also on the right.
- Directions are easier if you pass the main VA entrance and make a right on Bellflower Boulevard.
- Take the second hospital entrance (Sam Johnson Road) and proceed straight (east) and park on the street or in lots on your the left hand side after you pass the intersection with Canob Road.

The Psychology main offices are located on hallway “A-2” on the second floor of Building 128.

- Proceed up the steps and cross the street and walk up the sidewalk to the right (west) of the Community Living Center.
- Voluntary services with a blue awning will be on your right.
- Keep walking straight until you enter through the double doors, make a right, and proceed down a long corridor. You’ll get to an intersection, and please turn left there.
- Go through the sliding glass door and then make a right, following the signs for A-2. Make your second left and you’ll see two elevators on the left.
- Take one up to the second floor, turn left, proceed down the hall to the end and check in with our Program Support Assistant Lisa Salazar in the Psychology office (A-200).
- If you need additional directions, please call us at (562) 826-5604.

To find out more about events and attractions in the greater Los Angeles area, go to:

<http://www.discoverlosangeles.com/>